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RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2853

03500.016040.1

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: M. Shah
AKIRA NAGASHIMA ET AL.)	
	:	Group Art Unit: 2853
Application No.: 10/634,825)	
	:	
Filed: August 6, 2003)	
	:	
For: RECORDING METHOD, INK)	
CARTRIDGE, PRINTING DEVICE	:	
AND INFORMATION RECORDING)	
APPARATUS	:	April 13, 2005

MAIL STOP AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Office Action dated January 13, 2005, Applicants respectfully submit the following amendments and remarks.



In re Application of:

Docket No. 03500.016040.1

AKIRA NAGASHIMA ET AL.

Application No.: 10/634,825

Examiner: Manish S. Shah

Filed: August 6, 2003

Group Art Unit: 2853

For: RECORDING METHOD, INK
CARTRIDGE, PRINTING DEVICE AND
INFORMATION RECORDING APPARATUS

Date: April 13, 2005

MAIL STOP AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	50	MINUS	53	0	x \$25 \$50	0
INDEP. CLAIMS	3	MINUS	3	0	x\$100 \$200	0
Fee for Multiple Dependent claims \$180/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$____ is enclosed.


☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.


Mark A. Williamson
Attorney for Applicants
Registration No. 33,628

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

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